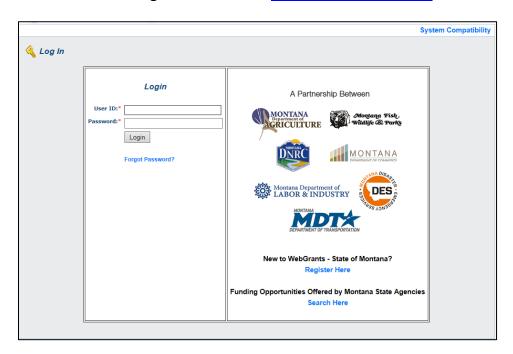
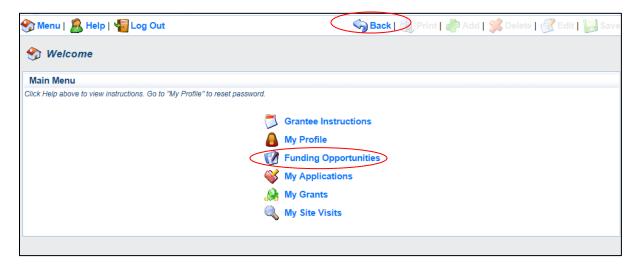
Enter your User ID and Password to login to WebGrants https://funding.mt.gov/.



Click "Funding Opportinuties" to view all available funding opportunities.

**REMINDER: Only use the WebGrants "Back" button – do not use the browser back arrow.

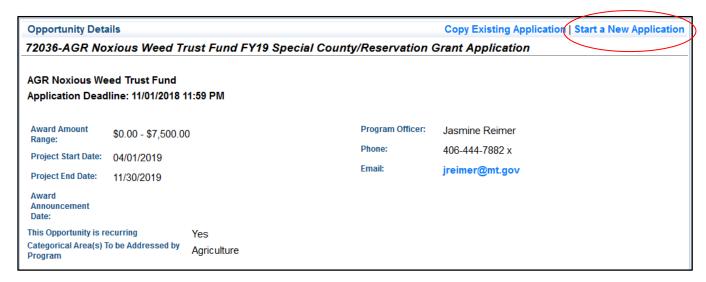


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Click on the **Opportunity Title** to open a Funding Opportunity and begin an application.



Click "Start a New Application". Do not copy previous Special County/Reservation Applications.



Enter the Project Title in the following format:

County/Reservation name followed by "YEAR" Special County/Reservation Grant".

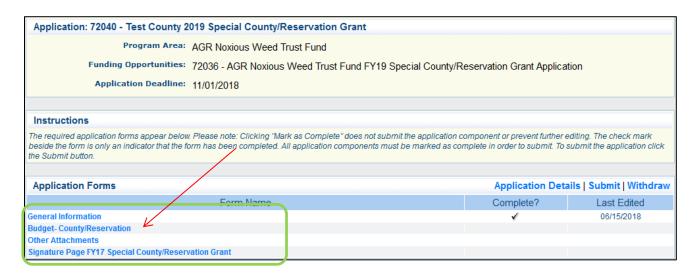
General Information			
Primary Contact:*	Justiline Test		
Project Title: (limited to 250 characters)*	Test County 2019 Special Cou	unty/Reservation Grant	
Organization:*	Carol B ▼		

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Click "Go to Application Forms".



All forms for this type of application can now be seen. Click on the **Budget** form name and enter the requested information.



Instruction are included in each section of the forms. Do not use commas or dollar signs in the entry boxes. Click "Save" when the requested information has been entered. Check that the totaled amounts are correct.

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Grant Type					Mar	k as Complete Go to	Application Forms
Select County or Tribal grant request type.*	County						
County Weed Budget Information							
County Weed Coordinators need to enter your weed district budget information below. Do not use commas or dollar signs when entering numbers. Clicking on "Save" will make the system auto calculate the total weed budget for you. If you need to make changes, click on "Edit" (at top).							
County Only - Weed Budget					\$100,000.00 Contracted Services	\$150,000.00 Other Funding (RAC, etc.)	\$300,000.00 Total Weed Budget
Financial Narrative & Project Des	cription						
Enter the dollar amount and description for the expense category(ies) that you are requesting, which should total to \$7,500. Do not use commas or dollars signs when entering numbers. When the form is completed, click on "Save" (at top). If you need to make changes to the budget, click on "Edit" (at top).							
Category		Amo	unt			Description	
Salaries			\$5,000.00 Sa	alaries			
Benefits			\$1,500.00 B	enefits			
Supplies & Materials			\$0.00				
Contracted Services			\$0.00				
Equipment			\$1,000.00 R	eplacement Ho	ses, Tires, Nozzels		
Repair & Maintenance			\$0.00				
	Totals		\$7,500.00				

If adjustments need to be made, click "Edit" to open the form then "Save" again. Click "Mark as Complete" when done.

Next, select the "Other Attachements" form by clicking on the form name.

If the funds will not be used for a capital improvement, simply click "Mark as Complete".

If the funds will be used for a capital improvement such as a building, structure, cement, security fence, etc., an <u>approval letter from the County Commissioners</u> must be included on this form. Click "Add" to upload the approval letter. Click "Save".

Next, select the "Signature Page" by clicking on the form name. Review the "Grant Agreement" section.

Click "Edit" to enter the county or reservation Tax ID Number.

Select the appropriate section (Tribal or County) in the Signature Block. Check the "Authorized Representative" box or "Weed Coordinator" box and complete the name, title, and date fields. Click "Save" and "Mark as Complete" when finished.

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Application: 72040 - Test County 2019	Special County/Reservation Grant								
Program Area: AG	R Noxious Weed Trust Fund								
Funding Opportunities: 72	Funding Opportunities: 72036 - AGR Noxious Weed Trust Fund FY19 Special County/Reservation Grant Application								
Application Deadline: 11/	01/2018								
Requested Total: \$7	500.00								
Instructions									
GRANT AGREEMENT									
I. LEGAL REQUIREMENTS: The applicant sha rules, regulations and standards. The applica audit all reports and documents associated wi	nt shall use generally accepted accounting p								
II. LITIGATION: In the event of litigation concerning this agreement, venue shall be in the First Judicial District in and for the County of Lewis and Clark in the State of Montana.									
IIII. WORKERS COMPENSATION: It is mutually agreed that the applicant and its employees, agents, cooperators, and independent contractors are not employees of the State of Montana nor of the MDA and are not covered by the Workers Compensation laws applicable to the MDA as an employer. The applicant agrees to maintain proof of Workers' Compensation coverage.									
IV. INDEMNITY AND LIABILITY: The applicant shall indemnify and hold hamless the MDA and the state of Montana and its agents and employees from and against any and all claims, or other damages and attorney fees to persons or entities arising out of or resulting from the performance of this agreement, or the results of this agreement, provided such damage to property or injury to persons is due, in whole or in part, to the omission, intentional or negligent act of the applicant or any of its employees, or cooperators.									
V. REPORTING: The applicant shall reference this grant agreement in any public document with an MDA grant number (to be assigned upon issuance, refer to front page of grant agreement after final approval).									
We understand that failure to comply with the above provisions will provide grounds for denying any future grant requests. This grant shall be included as part of the									
standard county audit. The signatory agrees to all the requirements and conditions associated with this grant application and grant agreement and shall be considered part of this agreement. Upon the Director's signature, or the Director's designee, this application and agreement becomes a binding agreement.									
TAX ID# Please enter your County or Reservation Tax II	D#								
TAX ID#*	<i></i>								
Signature Block									
Tribal Use Only:									
By checking this box and typing my name I certify weed activities. (all fields must be entered)	I am an authorized representative for the Reserv	ation and concur with the grant expenditures that	will be used to facilitate noxious						
Authorized Representative									
County Use Only	Enter full name	Title	Date						
County Use Only: By checking this box and typing my name I certify I am an authorized representative for the Weed District and that I have notified the County Commissioners and County Weed Board of the expenditures in this grant application. I also certify that I contacted the County Clerk & Recorder to confirm that the county weed district has an established 2140 and/or 2840 fund, and the budget figures on this grant application are true and correct. (all fields must be entered)									
Authorized Representative									
	Enter full name	Title	Date						

Click "Save" and "Mark as Complete".

If a change needs to be made to a form that has already been "Marked as Complete", click the form name, click "Edit" and make the necessary changes. Click "Save" when finished. WebGrants will not allow the application to be submitted until each form is marked as complete.

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Click "Submit" when all forms are completed.

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